U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Regulation Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. DECLARATION FOR UTILITY OR 950222.90421 Attorney Docket Number Orville C. Kocher II **First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION** (37 CFR 1.63) 10/685,779 **Application Number** October 15, 2003 Filing Date Declaration Submitted after Initial Declaration Submitted 3682 Art Unit

with Initial	Filing (surcharge (37 CFR 1.16 (e))	Art Unit	3002							
Filing	required)	Examiner Name	;							
I hereby declare that:										
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a										
patent is sought on the invention entitled:										
METHOD AND APPARA		ITING BEARINGS ARBOX	ON A VERTI	CAL SHAFT IN	A					
(Title of the Invention) the specification of which										
is attached hereto										
OR 51-4 (AMA/DD00000)	10/15/2003	as United St	atas Application I	Number or PCT Inte	emational					
was filed on (MM/DD/YYYY)	10/13/2003	as Officed St	ates Application	Number of PC1 mile	siriational					
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Application Number 10/685,779	and was am	ended on (MM/DD/YY	on (MM/DD/YYYY) (if applical							
I have by state that I have positived and understand the contents of the above identified an effection including the advisor.										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or										
PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's										
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for										
patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
(0)		(
					\Box					
Additional foreign application	numbers are listed on a si	upplemental priority da	ta sheet PTO/SB	I/02B attached here	eto:					

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Nur	mber 26	5710		OR 🗌	Correspondence address below			
Name									
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				A petition has been filed for this unsigned inventor					
Given Name Orville C. (first and middle [if any])			Family Name Kocher II or Surname						
Inventor's Provide Rocken D				Z-5-04 Date					
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Mailing Address 7831 Pathfinder Lane									
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City West Bend	WI State		ZIP_53090		Country				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
				Family Name or Surname					
Inventor's									
Signature Posidones City			State		G				
Residence: City State Country Citizenship									
Mailing Address									
Mailing Address									
City State ZIP Country Additional inventors are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									